

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90049 028 ***150.00

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DOCUMENT # P95000047207

1. Corporation Name
SABA ROCK VENTURES, INC.

Principal Place of Business
% 4440 PGA BLVD.
SUITE 103
PALM BEACH GARDENS FL 33410

Mailing Address
% 4440 PGA BLVD.
SUITE 103
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1995

4. FEI Number

65-0590211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 236 BEACON LANE

Suite, Apt. #, etc.

22

City & State

23 TEQUESTA, FL

Zip

24 33469

Country

25 PALM BEACH

2a. Mailing Address

26 236 BEACON LANE

Suite, Apt. #, etc.

27

City & State

28 TEQUESTA, FL

Zip

29 33469

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

WOLLETT, CYLESTE A
% 4440 PGA BLVD.
SUITE 103
PALM BEACH GARDENS FL 33410

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4440 PGA BLVD., SUITE 402

83

84 City PALM BEACH GARDENS, FL 85 Zip Code 33410

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME DUNN, PETER
STREET ADDRESS 272 VALLEY ROAD
CITY-ST-ZIP MIDDLETOWN RI 02840 ☐ DELETE

TITLE AS
NAME WOLLETT, CYLESTE
STREET ADDRESS 4440 PGA BOULEVARD SUITE 103
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 236 BEACON LANE
1.4 CITY-ST-ZIP TEQUESTA, FL 33469

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4440 PGA BLVD., SUITE 402
2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER DUNN, PRES.

Date

Daytime Phone #

CR2E034 (11/98)